## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail	Stop Patent Application Atty. [	Okt.: 1303-153			
P.O. I	nissioner for Patents 13142 U.S. PTO Box 1450 ndria, VA 22313-1450	July 8, 2003		<u>و</u>	
Sir:	07/08/03			1191 1191 1191 1191 1191	
Inven	ned for filing is the patent application of: tor: CANCEDDA et al.	NATE LIKE OF LIS		10/614	
Entitle and in 12	ed: SERUM FREE MEDIUM FOR CHONDROC ncluding attachments as noted below: Newly executed Declaration, Copy of Declarat pages of specification and claims (pages 1-11 an sheets of accompanying drawing/s.	ion from prior application, ∑	Abstract set 1-17 and claims set	1-7), and	
 	Record the attached assignment and return to the Attached is a Power of Attorney.				
$\boxtimes$	Priority is hereby claimed under 35 U.S.C. § 119 Application Number	Country	applications:  Day/Month/		
	60/107,646 PCT/EP99/08482	U.S. WO	9 Novemb 8 Novemb		
	, respectively, the entire content of which is hereby incorporated by reference in this application  Certified copy(ies) of foreign application(s) is/are attached.  This application claims the benefit of Provisional Application No. 60/107,646, filed November 9, 1998, the entire				
	content of which is hereby incorporated by reference in this application.				
	Petition filed in prior application to extend its life to The prior application is assigned to CONSORZIC AVANZATE and ISTITUTO NAZIONALE PER LA	to insure co-pendency.  O PER LA GESTIONE DEL	CENTRO DI BIOTECNO	DLOGIE	
It is hereby requested that the Examiner consider the art cited in the parent application by applicant and/or the Examiner for the reasons stated therein. A listing of that art is attached.				and/or the	
Please enter the attached and/or below preliminary amendment <u>prior</u> to calculation of filing fee:  ⊠Also attached: Information Disclosure Statement; Information Request; Information Disclosure Statement; Information Request; Information R					
Basic	Filing Fee IS BASED ON CLAIMS	AS FILED LESS ANT HE	REWITH CANCELED	\$ 750.00	
Total	effective claims 8 - 20 (at least 20) =	0 x \$ 18.00		\$ 0.00	
	endent claims 2 - 3 (at least 3) = proper multiple dependent claims now added for first ti-	0 x \$ 84.00 me_add \$280.00 (ignore impro	nner)	\$ 0.00 \$ 0.00	
,		· ·	SUBTOTAL	\$ 750.00	
If "sm	all entity," then enter half (1/2) of subtotal and subtract		SECOND SUBTOTAL	-\$( 0.00 \$ 750.00	
Assigi	nment Recording Fee (\$40.00)		TOTAL FEE ENCLOSED	\$ 0.00	
The C or whi	uture submission requiring an extension of time is hereb commissioner is hereby authorized to charge any <u>deficie</u> ch should have been filed herewith (or with any paper b licate copy of this sheet is attached.	ency, or credit any overpaymer	nt, in the fee(s) filed, or ass	serted to be filed, unt No. 14-1140.	
Corre	spondence Address:	NIXON & VANDE	RHYE P.C.		
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